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**\*BIBDATASHEET\***

CONFIRMATION NO. 5556

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/752,709	<b>FILING OR 371(c) DATE</b> 01/08/2004 <b>RULE</b>	<b>CLASS</b> 005	<b>GROUP ART UNIT</b> 3673	<b>ATTORNEY DOCKET NO.</b> 010628.50474C3
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**APPLICANTS**

John H. Hayes, Bristol, VA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/231,188 08/30/2002 PAT 6,725,485  
 which is a CIP of 10/152,794 05/23/2002 ABN \*  
 which is a CIP of 10/032,739 01/02/2002 ABN  
 which claims benefit of 60/260,373 01/08/2001  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 04/08/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 3	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

23911

**TITLE**

Mattress and bedpan cushion system using an air pressure switch and reservoir

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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